

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90299 030 ***150.00

DOCUMENT # M68276

1. Entity Name

OSCEOLA ALUMINUM, INC.

Principal Place of Business

**2652 A MICHIGAN AVE
A
KISSIMMEE FL 34744
US**

Mailing Address

**POST OFFICE BOX 2080
ST. CLOUD FL 34770**

2. Principal Place of Business

1651 Kelly Avenue

3. Mailing Address

1651 Kelly Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-2874327

Applied For

Not Applicable

Zip

34744

Country

Osceola

Zip

34744

Country

Osceola

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, BLAIR M.
425 SOUTH DILLARD STREET
WINTER GARDEN FL 32787**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **ELKINS, RUSSELL A**
STREET ADDRESS **700 NANA AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DST** ☒ Delete
NAME **EADDY, SANDRA L.**
STREET ADDRESS **1917 PARKWAY AVE**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **DP** ☒ Delete
NAME **EADDY, PHILLIP M**
STREET ADDRESS **1917 PARKWAY AVE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Elkins, Russell A.**
STREET ADDRESS **700 Nana Ave.**
CITY-ST-ZIP **Orlando, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Change ☒ Addition
NAME **Eaddy, Phillip Shane**
STREET ADDRESS **1651 Kelly Ave.**
CITY-ST-ZIP **Kissimmee, Florida 34744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell A. Elkins **Russell A. Elkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/ /01 (407) 933-1491

Date

Daytime Phone #

CR2E034 (10/00)